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A CONTRIBUTION TO THE STUDY OF THE ÆTIOLOGY OF SKIN DISEASES.[1]

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It may seem needless to offer another contribution to this much-discussed question, but it is so enveloped in superstition, in popular errors descended from past professional beliefs, and in the crude theories of physicians, even, of the present day that it must continue to invite the active consideration of dermatologists. Unfortunately the opinions expressed by our own class in their writings and teachings upon this subject show a wider difference to-day than upon any other point in dermatology. Every national school has its peculiar belief, every master his individual doctrine, every author his own views, which are promulgated with as much positiveness as if such discrepancies of opinion were unheard of. If one could approach the study of dermatology for the first time after mature acquaintance with the literature and science of all other departments of medicine, he would experience unbounded surprise at a peculiarity which surrounds this question of ætiology both in its history and present aspect, that is, the tendency to refer the occurrence of skin diseases to disorders of all other parts of the economy. It is as if it had been the design of all specially concerned to hold and represent the skin as guiltless of self-disturbance, functional or structural, as the battle-ground on which foreign systems and remote organs elect to work off their ill humors, or as a passive mirror to reflect all the morbid changes going on beneath its surface. No such exemption from independent capability of disease, no such attributes of purely vicarious disturbance, are to be found in doctrines held concerning any other department of regional or general medicine. The reasons for this unique

[1] Read at the meeting of the American Dermatological Association at New York, August 28, 1879.

This paper is presented as an elaboration of the opinion briefly expressed in the writer's address before the first meeting of the association: "We recognize the fact that the skin is of itself a great series of complex organs, with just the same inherent tendencies to disease and just the same right to its independent affections as the tissues of any other organ. By this we do not of course intend to deny that it is a part of and closely connected with the general condition of the body in disease, only no more so necessarily than any other of its separate parts."

peculiarity in dermatology are to be sought in the superstitions which have from remote time surrounded this the oldest field of medical observation, and which have clung to it in large measure even to our day. The popular and professional names in use in our own and other languages to designate the visible structural changes in the cutaneous tissues in a state of disease are the simple expressions of these primitive beliefs. The peccant humors of a past orthodox pathology still flow unchanged to the popular mind in their well-worn former channels, and announce themselves at will upon the outer surface of the body in tangible forms. The bad foreign elements within us, in our fluids, in our organs, of introduced and inherited origin, seethe up at times, and bursting through the tegumentary crust which has concealed them appear as eruptions upon the skin, marked by the appropriate accompaniments of flaming heat and fluid corruption. These terms, humors, eruptions, breaking-out, efflorescence, which had their unequivocal origin in the medical profession, and yet retain a quasi-scientific position in our nomenclature, have still a positive and literal meaning with the vast majority of mankind, even among the most intelligent classes and races; and I am sorry to add that I fear that physicians are still in some measure responsible for this state of popular belief, and even now sympathize with it. Not a year goes by that the specialist is not told many times by patients, otherwise well educated, that their family physician has advised them to do nothing for this or that skin disease, lest interference with its course should be injurious to them. The innumerable times that we must remove the spontaneous fears of all classes of society that we "drive the disease in" by our remedies, that there is danger of its "striking in," I need not allude to; they are one of the great obstacles to successful practice in dermatology, and peculiar to it. These popular prejudices may be regarded, then, as the direct offspring of past and present views among physicians concerning the ætiology of skin diseases. They will prevail until the profession discards wholly its inherited theories regarding the causation of cutaneous disease, and considers the question by the same methods that are now applied in the study of this and similar subjects in all other branches of medicine.

In the *first* place I proclaim the inherent independence and individuality of diseases of the skin in as full measure as pertains to those of all other parts of the body. *Secondly*, I maintain that the pathological processes which constitute cutaneous disease are identical in nature with those which are observed in the tissues of all other parts of the body in similar morbid conditions. *Thirdly*, the same methods of observation and reasoning which are employed in the study of the natural history and therapeutics of disease of all other parts of the human economy are equally applicable in dermatology. These would seem at first hearing self-evident propositions, but nothing is farther from reality than their

common acceptance as such by physicians. Let us consider briefly their professional standing: —

First, the autonomy of the skin, in as strict a sense as this term may be applied to any organs or systems of the body. Who is prepared to deny it this right *a priori?* Perhaps no one absolutely and in a general and theoretical sort of way. Yet it cannot be denied that a large number of physicians and dermatologists even refuse to recognize such independence in their writings and practice. Admitting, of course, the existence and individuality of certain affections of the skin caused by extraneous agencies, they dispute the independence of identical structural changes in it which occur without tangible cause, and hence refer most of its ordinary diseases to indefinite and remote agencies. Without mentioning again the popular beliefs just spoken of, which are also largely held by the medical profession, it will suffice to refer to the theories entertained on this subject by teachers in dermatology. I say theories purposely, because the doctrines maintained by them are founded almost wholly on pure assumption or inference; they do not even attempt a positive argument in support of their position in most cases. They agree in denying the inherent right of the skin to independent diseased action, and in failing to recognize that the burden of proof rests upon them to show why this is so; but beyond this common ground of negation there is no unanimity or consistency among them. We find the most striking diversity in the nature of the theories put forward in explanation of skin diseases, according to individual, sectional, and national characteristics, but no cumulative weight from common adoption, because none are based on scientific observation or experiment. Each writer seems to rest satisfied that he has established the truth of his denial of the local or unconstitutional origin of this or that affection by assigning its cause to some remote internal organ, which has responsibility enough in bearing its own burdens, or to disturbances of this or that function, or chemical changes in circulating fluids, the mere existence of which of themselves may not even be well established, or to some still more chimerical and intangible vice of the economy. Ordinarily the inventors or supporters of these theories are content with a simple assertion, as just stated, of their soundness, and only exceptionally make an attempt to back them by a presentation of evidence which can be properly tested by recognized methods of analysis.

Of the former class the ætiological doctrines of the French school of dermatology offer the most striking illustration. It may be, perhaps, unfair for any one not a Frenchman to venture to discuss the merits of the dartrous diathesis, for instance, for no one else has ever seen evidence of its existence; yet here are men who for half a century have occupied the most prominent positions as leaders in one of the greatest schools of dermatology, believing not only in the corporeal reality of

such a demon as *la dartre*, but that it is the cause of most of the skin disease which affects mankind. Yet ask them to define its nature, and they give you merely a description of the symptoms common to the affections which they say it causes. It is in fact very like the evil spirits which the medicine-men of barbarous races exorcise, and its continued hold upon the mind of scientific men of that civilized people can be explained only on the supposition of a transmitted and irresistible mental quality or strain, as national doctrines in theology are perpetuated. Another illustration of this class may be found in the disposition to refer the causation of skin diseases universally prevalent to the action of certain diseased conditions of the economy, or of extraneous influences which are necessarily sectional or restricted in their occurrence. If we cross from France into England, where gout is very prevalent, we shall find that this affection is regarded by dermatologists as the most important factor in the causation of many skin diseases, and that in their writings they in no way restrict its action in this respect to their occurrence at home, but assign it a universal influence. Yet gout is a very rare condition in some other parts of the world, where these cutaneous diseases prevail as frequently and manifest themselves of the same type as in England. A similar example presents itself here at home in our own transactions: one of our number has announced the dogma that all skin diseases in all regions geographical are the result of two causes only, — the chronic of scrofula, the acute of malaria. With regard to the first of these nothing will be said in this connection, but as to the second it is known that malaria, as generally understood, is confined to sharply defined geographical districts. It is as well known that the cutaneous affections which, it is claimed, are due to its influence prevail most extensively in regions where malaria does not practically exist. How, then, shall we explain the promulgation of opinions in ætiology which seem to bear on their face such apparently self-evident confutation? How else than on the supposition that, overbalanced by observing the almost general occurrence of these endemic affections at home, they should misjudge their frequent manifestations in connection with the more common skin diseases, and, magnifying mere coincidence into essential cause, proclaim their inferences from restricted observation as facts of world-wide application.

Of the second class, those who attempt to present evidence of the soundness of their theories, it is a fair representation of its character in nearly every instance to say that the proofs offered rest here, too, almost wholly upon inference or coincidence. Take, for instance, those who would support on scientific grounds the old and ever popular theory that skin diseases are caused by disordered states of the blood. Mere assertion on this point is of course worth no more in this connection from the physician than from the people. We require proof, first, that

the blood is disordered; then, that such morbid conditions of this fluid are constant in these affections, and that they never occur where this condition is not coexistent. With regard to the first, evidence would be admissible bearing upon its physical, chemical, or morphological constitution; the second demand could be conclusively answered only by the application of these tests to a very great number of cases. I am not aware that any of the dermatologists who actively support this hypothesis have any such data to present. Direct analyses of the blood have been made in connection with certain rare and peculiar forms of skin diseases, which from certain characteristics have been thought to be dependent upon disordered states of the circulating fluid; but in all cases the results obtained were unsatisfactory and negative. They offer no such direct methods of research, but in place of them resort to the examination of other fluids or secretions, and offer any abnormal condition of the latter they may find as conclusive not only of the disordered state of the blood, but as establishing the immediate relation of cause and effect between the state of blood and skin. The urine has naturally been selected as the most ready means of demonstrating such relationship, and I may be permitted to repeat here what I have elsewhere written: that there can be no question as to the intimate physiological relations between the kidneys and the skin in health, or of the occurrence of infrequent changes in the tissues of the latter when its circulation is surcharged with products which the kidneys have failed to eliminate, or of coincident disturbances in both in some constitutional affections. That the skin may thus occasionally be studied as an aid to diagnosis in renal disease, and in certain changes in the economy which announce themselves by synchronous modifications in the composition of the blood and urine, is true; but this does not warrant the inference that all variations in the urine which are found associated with skin diseases stand in any intimate relationship with them, or that they are both the common expression of some causative blood disorder. In fact, the changes in the urine of patients with skin diseases which have been observed are of a trivial character in the main, and such as occur in the most various and unimportant conditions of the economy, and can in no way be regarded as characteristic of the cutaneous affections in which they have been recorded. The results obtained from an extensive analysis of urine from the skin ward of a great general hospital would differ little, if at all, I doubt not, from those which any general ward would furnish, or such as would be obtained by no means infrequently in the examination of the urine from the same number of apparently healthy people. This is my own experience from the study of the urine in health and in disease. It is well to call to our aid so exact a science as chemistry in this study of ætiology, but all chances of error must be excluded in its application and its teachings not be

misinterpreted, if conclusions are to be drawn from it affecting the question of the relations of skin diseases to the blood or general economy.

Concerning the hold which several of these theories have upon the convictions of some dermatologists we may quote the recent words of Huxley: "As none of these hypotheses is capable of even an approximation to demonstration, it is almost needless to remark that they have been severally held with tenacity and advocated with passion."

Second. The pathological processes which are found in the structural lesions and functional disturbances of the skin are in no way peculiar to the cutaneous tissues. I think that all are willing to accept this proposition who have made themselves familiar with the results of recent investigations into the pathological anatomy of the skin, or who have made independent studies in this direction. This subject has been so completely neglected by the profession generally until within late years that there has been no opportunity for the establishment of prejudice or wrong opinion on their part, at least, regarding it; and although hasty conclusions by observers in this field have not been wanting, accumulated results only add to the certainty of the unity of morbid processes in all parts of the human organism. It may be most positively stated that those who would establish an exceptional system of ætiology for cutaneous disease out of analogy with that which applies to all other parts of our frame will find no heterogene basis for its support in the teachings of pathology.

Third. The same methods of observation and induction should be employed in the study of this question in dermatology as are deemed legitimate and essential in similar investigations in general medicine. What results, then, do such methods of research yield when applied to this inquiry: In what relation does the skin stand to the other organs of the economy that its structural changes and functional disturbances are in any way dependent upon them? Let us consider briefly what we really know concerning any such connection in respect to the most important of these organs.

Brain and Nervous System. Of late years it has become the fashion among writers on dermatology to refer many affections of the skin, the causes of which are not satisfactorily understood, to disturbances of the nervous system. I say fashion purposely, because such reference is of quite recent origin, and because positive data for such conclusions have not multiplied within the same period, and are in fact most scanty and incomplete. That we have been able to trace the terminal cutaneous nerves a little farther towards the periphery, so as to recognize their distribution among the cells of the rete; that certain moderate disturbances of sensibility accompany the dermal tissue changes in a few diseases of the skin; that some forms of new growth and hypertrophy of the cutaneous tissues develop along certain nerve tracts; that the irri-

tation of the peripheral nerves of one portion of the external surface may excite an irritation or an eruption upon distant parts of the integument by reflex action, as we say; that injuries to the trunk of a nerve may give rise to a variety of efflorescences upon that portion of the skin supplied by it; and that disease in the ganglion or neurilemma may be followed by a definite sequence of inflammatory phenomena in the structure of the overlying skin, we have learned. But this is very little upon which to found a division in classification so comprehensive as some would make the neuroses in their systems of nosology, or to warrant so frequent an appeal to the nervous system in discussing the ætiology of skin diseases. The terms trophoneurosis, faulty innervation, reflex irritation, etc., are used coupled with many affections with the most slanderous looseness, where not the slightest positive proof of such connection is offered, or scientific grounds for such inference exist. What does "faulty innervation," for instance, mean without some discoverable tissue change in the nerve structures? What satisfaction can such an expression afford to the truth-seeker in ætiology when applied to the common diseases of the skin? We know that along the nerve fibres come those messages which regulate the circulation, control the vital processes of every part of the skin; but in the same way are governed the tissues of every other part of our frame, and unless we are prepared also to attribute all corporeal pathological processes to faulty innervation with as little reason as in dermatology, let us stop our meaningless talk about it here, too. We do not visit hospitals for diseased nervous systems to study skin diseases, nor do insane asylums present any characteristic cutaneous affections where the general functions of the inmates are properly cared for. That condition of physical misery with its cutaneous manifestations called pellagra, so common in the immense pauper mad-houses of Europe, never occurs in our asylums, and can therefore have no real connection with lesions of the central nervous system. If we cannot discuss ætiology without guessing, let us do this at least with some show of reason. Neuro-pathology is still a suckling itself, and affords little support to dermatology in this regard.

Lungs. Although the lungs, like the kidneys, have one function in common with the skin, that of the removal of water from the economy, yet on this ground of connection or otherwise but a small part has been allotted them in the causation of the diseases of the latter, either directly or indirectly. Even in that most universal and destructive of all diseases, consumption, the skin undergoes but little change throughout its most protracted course, and specific disorders in connection with it do not occur. Two affections, however, it has been frequently asserted, are somewhat intimately associated with it, or the general condition to which it gives rise, namely, lichen scrofulosorum and tinea versicolor. The former, by no means of uncommon occurrence in Germany among

the miserable classes so frequently subject to so-called scrofula and consumption, is rarely seen with us, although the latter is so generally prevalent in all classes. According to the tabulated statistics of thirty-two thousand cases of skin disease recorded by American dermatologists, it has been observed but seven times in this large number. Is it anything more than a condition of life-long neglect of the skin, becoming more prominent when the cutaneous tissues are devitalized by the marasmus incident to the affections with which it has been associated? Tinea versicolor, too, is believed by some dermatologists to have more than a casual relation to consumption, and by others at least to flourish best upon those whose systems are reduced by such wasting disease. With these opinions I cannot agree in any measure. I do not believe that any of the vegetable parasites of the skin require a special character of cutaneous soil, such as is imparted to it by disease of any kind, local or general. They flourish, according to my observation, upon all alike, so far at least as the health of the individual is concerned, and any theory which presupposes certain conditions of the skin or economy as essential to their development must be classed with that old belief in the itch dyscrasy. I once had the opportunity of studying the spread of tinea trichophytina in a large orphan asylum, whose inmates had for years been under the care of a dermatologist who had accepted as unquestionable the dogma of Mr. Wilson, that it was not of parasitic nature. The disease had had, therefore, no anti-parasitic treatment, and had attached itself to some forty children. It showed, however, no especial affinity for the weak ones among them in its early stages, nor failed in the most robust to develop into the deeper-seated and later forms upon the hairy parts; and its action under treatment upon the scalp was alike obstinate in both classes. Imported into family life by the adoption of these orphans, it never failed, where traced, to transplant itself upon the most healthy members of the household. The same readiness to universal transplantation is seen in the history of its introduction into a large family through the domestic animals. In the two cases reported by me in the JOURNAL February 14, 1878, every member of the family who handled the kittens became at once affected by ringworm. Examples of this impartial selection might be indefinitely multiplied. So, too, with tinea versicolor; although by no means as common, because growing under cover, or as easily communicated, as tinea trichophytina, yet it attaches itself and grows with the greatest luxuriance and for years upon the most robust and cleanly adults. It does not, however, spare the sickly, and that it is so frequently found upon the consumptive is simply because its discovery is insured by the exposure of the chest under examination. Such incidental connection shows only that the disease is much more common than is evident from the confessions or complaints of those affected by it.

The connection of asthma with eczema is often referred to in corroboration by those who possess a prominent belief in the constitutional nature of skin diseases, as if both affections were the expression of some common general vice of the economy. But this connection is rarely exhibited, like that with rheumatism, and is at most an alternation such as is often observed between other diseases which are not claimed to have any mutual relationship.

Heart. To this organ and its disorders no one has allotted any important share, to my knowledge, in the causation of skin diseases, chief engine as it is for the propulsion of a fluid impregnated, in popular and professional belief, with such intense capabilities in this direction.

Stomach. Not so innocent in this respect, however, are the organs of digestion regarded. Admitting the prompt and active impression upon the skin of certain substances called irritants when introduced into the intestinal canal of exceptional individuals, I am not prepared to accept the agency so commonly assigned, even by dermatologists, to these organs in the production of other cutaneous diseases. Arguing from these forms of erythema and urticaria resulting from gastric irritation, so called, many are disposed to assign to various articles of food an active part in the causation of some of the most common affections, even when no immediate effects are produced upon digestion or skin. Thus butter, fish, oatmeal, buckwheat, etc., are popularly believed to give rise to eruptions, and are generally forbidden on this account during the course of acne and eczema. Even dermatologists of a certain school share in this belief, and instruct their patients liable to the latter that fish is never to be eaten by them. The proper way to substantiate such opinions or prejudices would be to show either that these affections are more frequent or severe among nations which make a very large or almost exclusive use of such articles of food, or that attacks of these diseases are directly induced or aggravated in individual cases by their consumption. Such demonstration has not been made, and I believe is impossible. In my own experience, founded upon the latter test, these substances are perfectly incapable of such influence upon the skin. I believe also that too much importance is attached to positive disturbances of digestion as a factor in cutaneous ætiology. With regard to the other disease above mentioned, for instance, acne, we are told in several recent treatises and papers that the two conditions are not only well-nigh inseparable, but that the visible presence of the eruption is a necessary evidence of the existence of the indigestion, although every ordinary manifestation of the latter be wanting. Now I desire here to express my dissent, both from the facts as thus presented and such methods of reasoning from them. Acne between the ages of fourteen and twenty in both sexes is extremely common, and forms eighteen per cent. of all cases of cutaneous disease

in my private practice. Indigestion, or dyspepsia, is a disorder certainly as common amongst us at all ages of life, but certainly not most so at this particular period. It is evident, then, that if it cause acne at this age chiefly and not at others, it is due to other agencies coöperative then and not at other times. We have therefore at the start to recognize another element wholly apart from the digestive disturbance. But are there in fact any legitimate grounds for thus connecting the conditions as cause and effect? Does acne occur in any large percentage of persons, even at the most favorable age for its development, affected by any forms of indigestion? Do all acne patients, on the other hand, suffer from disturbances of the digestive functions? Enter any large general hospital, or consult the extensive records of its out-patient department, and note the vast numbers of patients afflicted with one or more of the varieties of indigestion, alone or in connection with other forms of disease, and how infrequently you will find acne amongst them. Yet *a priori* there is as much reason for attributing to the former all the manifold ills with which it is associated as the acne occasionally met with, namely, that of coincidence. Tested by the second and more direct inquiry, however, what positive evidence is gained? Do patients with acne suffer from indigestion in any marked degree or frequency, and, if coexistent, is the former affection due to the latter? I do not hesitate to answer both questions in the negative. I have made a careful and special examination of every patient with this disease seen by me in private and dispensary practice during the past two years with reference to this point. I find a very small percentage of them, chiefly among the latter, affected by some form of primary indigestion, and a larger proportion exhibiting more or less a habit of constipation; yet both faults occurring no more frequently than among an equal number of persons under the same condition of life unaffected by acne, certainly not oftener than in connection with other affections of the skin or the remaining organs of the body. I find, however, by far the larger portion of them, especially in private practice, perfectly healthy persons, as sound in every way, but for the local follicular inflammation, as humanity admits of, — that is, if we are to be permitted to gauge our judgment in this respect by the ordinary means of analysis. If, however, we are to be told that such methods of investigation are out of place in this question, and that the mere presence of acne efflorescence, *a priori* and of necessity, proves the contrary, I must confess myself incapable of meeting such arguments on their own ground.

Again, if we appeal to therapeutics, what answer do we obtain? Do we find in the majority of cases where the cutaneous and intestinal disorders do coexist that the relief of the latter is followed by the disappearance of the other? I have tested this thoroughly, I think, and am sustained more strongly in my position. I do not find that the coin-

cidence of the two affections influences the probable course of the disease of the skin under treatment. I doubt if any member of this association feels warranted in offering a more positive or favorable prognosis because the alimentary symptoms are especially marked in any individual case over those cases in which they are absent or masked to ordinary means of recognition. Do we find obstinate, inveterate cases of juvenile acne yielding to remedies addressed to faulty digestion? Are we not compelled to treat them, if indeed we are permitted, long beyond the period when they would have been dismissed, had we been consulted merely for the internal disturbance? I at least must acknowledge my inefficiency before the disease to this extent, and I never fail to treat this or any coexisting evil which may in any way obstruct its cure, even if in no way its cause. While denying, then, any important action in this respect to functional disturbances of digestion, which affect a great majority of mankind in some degree without producing such effects, and which, on the other hand, are absent in any appreciable measure throughout the clinical history of a majority of individual cases of acne, I must still confess a profound ignorance as to its ætiology.

Liver. It is somewhat remarkable, considering how prone mankind has been to regard its liver as the cause of much of its ill health, that it has had so small a share assigned it in the causation of cutaneous disease. There still lingers in the professional creed to a considerable extent the belief that it is responsible for the existence of tinea versicolor and some forms of chloasma. How such an error could have arisen it is impossible to understand, unless from poor guess-work and the ruling tendency among physicians to fall back upon the imagination rather than confess ignorance when questioned concerning the causes of disease, — a trait which has been a constant obstruction to progress in ætiology. The imagination may indeed be of vast service in science, bearing the mind involuntarily beyond the bounds of conscious action to meet great truths halfway, but only when previously trained to flight by constant exercise under the fundamental laws of true philosophy. Recently an unwarranted charge has been made against the liver in connection with xanthoma (xanthelasma, vitiligoidea), some of the English writers assigning to it an essential part in the development of this uncommon affection. This *rôle*, however, must be only a casual one, for in ten cases carefully examined by me with regard to such association there was not the slightest basis for such an opinion.

Kidneys. These organs, too, considering their important duties in the economy and their close supplementary relations with the skin, have preserved a marked exemption from accusations of contributing to the causes of its diseases. The relations of the urine to this question have already been sufficiently discussed elsewhere, as it is not claimed by

those who urge their importance that they implicate the kidneys as distinct factors in any way, these organs merely eliminating for our examination the evidences of preëxisting disturbed relations between the skin and blood. That organic disease of the kidneys may exist for long periods, and be complicated by grave structural changes in several other important organs and leave the skin and its functions so free from disorder, illustrates in a striking manner what I have been insisting upon throughout this paper, — its marked independence in health and disease.

Reproductive Organs. There can be no doubt that the skin shares to some extent in the general excitement of the system dependent upon its ripening into puberty in both sexes, and sympathizes in a very slight degree with its disturbances at the climacteric age in women. The close relations of the integument to these organs in the lower animals especially is seen in the wonderful changes it exhibits during their periodic fluctuations of sexual activity. The astonishing coruscations of pigment and rapid tissue development manifested in its appendages, scales, feathers, hairs, and the like at such periods constantly excite our wonder. In the mammalia, even in the highest order below mankind, we find marked examples of similar fluctuations in the cutaneous structures during the rutting season. It is not strange, therefore, that during the rapid development of the follicular structures, the hair and odoriferous glands, in this awakening period of sexual power in our own youth, termed puberty, disorders should likewise frequently manifest themselves in the associate glands, varying in severity from simple oversecretion to destructive inflammation. From such normal relations it is fair, perhaps, to infer that unnatural and diseased excitements of the sexual system may give rise to similar disturbances in the cutaneous structures. The fact that acne most generally comes on at the beginning of puberty, and is most troublesome during the period of uncertain sexual relations between that and marriage; that it sometimes disappears on the restoration of irregular menstruation; that it has been observed apparently with unusual frequency in institutions devoted to celibacy and the worship of Vesta, while it is supposed to spare the inmates of those devoted to the purposes of a mercenary Venus; that eunuchs are reported as remarkably exempt, and that it is supposed to be a symptom of onanism, has led to a quite generally entertained opinion that it is in some way connected with, if not dependent upon, the functions of generation. It is an opinion, however, which is based on data peculiarly uncertain and liable to error, because beyond the sphere of accurate scientific investigation; and although there is undoubtedly some degree of truth in it, there are so many and so striking facts of rebutting character that it must not be received as founded upon definite and satisfactory evidence.

Thus I have endeavored to show some of the difficulties and errors

which envelop the study of cutaneous ætiology: in part, prejudices born of ignorance, but of strange vitality, and transmitted with the authority of both popular and professional belief; in part, the direct result of hasty, short-sighted theorizing by those who occupy the position of teachers in our art. We shall make no real progress in this branch of dermatology until we sweep away all this rubbish of superstition, all these crude theories of schools and writers, and professing entire ignorance, if need be, build up a true ætiology by legitimate methods of truthful observation and sound reasoning.

A MEDICAL RECLAMATION FROM THE DOMAIN OF SURGERY.

BY T. H. BUCKLER, M. D.

In the able address delivered before the Gynecological Society, assembled last week in Baltimore, Dr. Thomas, president of the association, referring to the recent triumphs of and accessions to surgery, said it had even invaded the gall-bladder. In what manner and with what object has it made this raid? By cutting through the walls of the abdomen and then into the gall-bladder itself, with the object of removing therefrom biliary calculi! We must not be surprised to hear next of aspirating the fourth and lateral ventricles for drawing off serous effusions, or tapping the torcular Herophili for the purpose of depletion. Dr. Thomas selected an unfortunate example to illustrate the progress and paramount importance of surgery; for if there is any one thing that does and must forever belong exclusively to the department of practical medicine, it is the ready means physicians have at command of always being able to dissolve in the gall-bladder cholesteric gall-stones with as much certainty as if these same calculi were in a glass tumbler before them. Eight or ten years ago a much-abridged paper was published in *Ray's Journal* recommending chloroform in doses of from five to sixty drops every four or six hours, as a sure means of dissolving in the gall-bladder calculi, however large or numerous they might be. In the *American Journal of the Medical Sciences* for July, 1867, I also advised the use of succinate of iron as a solvent of gall-stones and of cholesteric fat, whether in the coats of arteries or elsewhere. This preparation contains more nascent appropriable oxygen than any other known therapeutic agent, in its decomposition and recompositions can do no harm, and is of all the ferruginous articles one of the very best for malarious cachexy, or in any other conditions where the blood globules diminish or need rehabilitation. Nitric acid contains, of course, a great deal more oxygen, which is, however, too easily taken up where it is not wanted; whereas the oxygen in succinate of iron is only appropriated

when required, and if not needed is not appropriated at all. And for this reason, in all those cases of liver trouble where nitric and hydrochloric acid are usually prescribed, the succinate of iron will, it is believed, be found on trial far more efficacious. I have used the article for thirty-five years, prepared as a hydrated succinate of the peroxide of iron,[1] and constituted thus: $Fe_2H_2C_4H_4O_4+6HO$. Held in suspension by pure water, in impalpable form, it is permanent when carefully manipulated. Considering the activity of oxygen, it is easy to see what this compound can do with cholesterine and cholesteric fat, containing only one and one half per cent. of that omnivorous agent. In the Transactions of the Kentucky State Medical Society for 1877, Dr. John A. Octerlony reports a number of cases of chole-lithiasis, which were treated with complete success by the use of succinate of iron alone. In these critical and urgent cases of gall-stone, where often no time can with safety be lost, I prefer the conjoint use of terchloride of formyl and Stewart's preparation of the succinate of iron. In the last three cases treated successfully, I commenced the use of both chloroform and succinate of iron as soon as the existence of a gall-stone was beyond reasonable doubt established, giving the former in doses of ten drops every four hours, and of the latter a teaspoonful half an hour after each meal.

In two instances the patients, one a man and the other a woman, were able to take a teaspoonful of chloroform every six hours without experiencing the slightest ill effect. These large doses dissolved the calculi within the space of a single week. One of these cases was that of a Mrs. C., stewardess in the Scotia, of the Cunard line, and attended by Dr. Bryce, surgeon of the ship. Her case had been pronounced cancer by seven physicians while crossing as passengers to and from Europe. The writer, influenced by the previously expressed opinions, also believed the case to be cancer when he first saw it, at night; but a more critical examination the following morning disclosed the real state to be an enormously distended gall-bladder lapped up over the inferior margin of the liver, resting against the anterior face of its right lobe, and filled with gall-stones, which were readily felt through the attenuated walls of the abdomen. A marked prominence was apparent to the eye, and an icterous color of the entire surface, not noticed the previous evening, by candle-light, was in the day-time at once recognized. This was three days before landing at Jersey City. On reaching home Mrs. C. was ordered four six-ounce bottles of the succinate of iron, a teaspoonful of which she was directed to take half an hour after each meal. Recrossing in the Scotia, eighteen months afterwards, I passed for several days without recognition a large, red-faced Irishwoman, with a figure like a butt. She at length said, "And sure, doctor, if yev forgot me, can't ye remember the pain

[1] By J. V. D. Stewart, chemist, Hanover Street, Baltimore.

about me heart, and the cancer of me lever?" The emaciated, attenuated, and unrecognizable creature of a year and a half ago now appeared a mass of roseate flesh, fat, and blood rotundity that would have done credit to the doctrine of rest advocated and practiced for the cure of disease by the distinguished Dr. Philip Syng Physic, of Philadelphia. She said that on arriving at New York she got Squibb's chloroform, and took a teaspoonful of it in syrup and water every six hours for six days, at the end of which time the tumor over her liver had entirely disappeared, and could no longer be felt; and that she then commenced the iron, and took it until the four bottles were emptied. Cases of this sort are very rare. I have seen but one other of the kind, in the wife of a clergyman in this city, and on stating it to that marvel of purity, truth, and accurate knowledge, the late Professor Roby, he said that he had seen somewhere a case reported, as well as my memory serves me, a post-mortem observation, where the gall-bladder, distended with cholesterine, had been found overlapping the margin of the liver, on which it rested, but he had forgotten where the case was recorded. I have seen a number of cases of gall-stone, all of which, except one, were successfully treated with chloroform to dissolve the cholesterine existing in the gall-bladder at the time, and causing paroxysms of pain amounting to positive anguish, for the relief of which chloroform, the great anæsthetic, is also the best agent. After existing calculi have been dissolved, then, to overcome the cholesteric diathesis, and prevent the formation of other stones, the patients were all kept on teaspoonful doses, thrice daily, of the succinate of iron for a period of four or six months. The exceptional case where these agents were not used was that of Mrs. P., residing in Cecil County, Maryland, where she was attended by three physicians, all of whom declared in true *ex cathedrâ* style their opinions that the pain could not result from the passage of a gall-stone, since in the records of their combined experience there was no case in which so young a patient, aged about twenty years, had ever suffered from an affection of the sort. How much better it would be if we doctors, seeing how often we are mistaken, would always allow an ingredient of doubt to enter into the formation of our opinions! The three physicians were advised to put Mrs. P. on chloroform and succinate of iron, but the triumvirate thought differently, and sent their patient to Philadelphia to consult a doctor renowned in that day for his knowledge of the diseases of women. He sustained the opinion of the Cecil County physicians, gave her husband Bud on Diseases of the Liver to read, as a proof that biliary calculi were found only in women advanced in years, and told him it was impossible that his wife, with her youth, health, and extreme beauty, we may add, could suffer from an affection of the sort. All she required, he said, was mental diversion and amusement, and advised that she should go every night to the opera, which she did for

five evenings in succession, and took after each performance a supper. The last supper was on Saturday. At two o'clock the following Sunday morning she was seized with pain in the region of the liver, with distressing nausea and vomiting, and after an illness of eight hours, died. The same morning at ten, Mr. P., curious to know the cause of death, asked for a post mortem, which resulted in the discovery of a calculus firmly wedged into the trumpet-like mouth of the gall-bladder. A small stone, from its liability to become fastened in this way, is more dangerous than when it attains considerable size. The one removed from Mrs. P. was sent to me in a letter. It was about the size and shape of a small Alpine strawberry. During nine years' attendance in the wards of the Baltimore Almshouse, where there was an average of nearly a death a day, and where all the bodies were examined, I twice removed calculi as large as a hen's egg from the gall-bladders of patients who died of other affections, and who during life had never made any complaint of trouble about their livers. The large majority of patients cannot take by the stomach more than ten or fifteen drops of chloroform every four or six hours, in which cases it should be continued fifteen or twenty days. One patient could bear only four drops every six hours. In her case the solvent was continued for six weeks, during which period daily inhalations of chloroform were also used. The science of general medicine properly administered, and taking into account the frailties of human nature, is as certain as divinity, more so than law; and of all the certainties of medicine there is nothing more absolutely sure than that chloroform will in every instance dissolve calculi in the gall-bladder. When taken into the stomach it passes with the blood of the portal circulation, out of which bile is made, directly to the acini of the liver, and is carried with the newly-formed biliary fluid to the gall-bladder, where its solvent power is as effectual as when cholesterine is dropped into a glass containing terchloride of formyl. Sometimes cholesterine clogs the acini and lesser biliary ducts, producing jaundice, in which cases this otherwise obstinate trouble is promptly relieved by giving chloroform; and from the power terchloride of formyl has of dissolving cholesterine within the human body it is evident that it is not, before performing this office, converted, as some suppose, into a hydro-carbon. It might be given in the form of chloral or nascent chloroform, which latter is set free as soon as chloral comes in contact with the alkalies of the blood, but I have never given it in this form, preferring rather to use Duncan and Flockhart's Edinburgh or Squibb's New York chloroform. Ether and turpentine were recommended more than half a century ago as solvents of gall-stones, but their use as therapeutic agents for this purpose has disappointed me very much, and after fifty years' experience little or no evidence as to their efficacy is to be found. The cause of this it is difficult to explain,

since out of the body cholesterine is hardly less soluble in ether than in chloroform. I believe it to be owing to the difference in the specific gravity of these two agents, ether being the most diffusible, and floating on water, while chloroform sinks in it.

It is hoped that nothing more may be heard of extracting calculi from the gall-bladder by use of a knife or otherwise. A drop of bile in the peritoneal cavity excites usually a fatal peritonitis, and unless adhesion exists, or is artificially produced between the peritonæum lining the gall-bladder and that covering the anterior abdominal walls, the operation of cutting for gall-stones must in every instance be fatal within a few days. Suppose adhesion exists; the alternative must then be a biliary fistula, and if, happily, this closed up, and ceased to discharge bile externally, what could then be done for a distended gall-bladder adhering to the walls of the abdomen, besides having lost its resiliency and power of contraction? What is to become of the pint or pint and a half of bile secreted in a day, a large portion of which would find its way to this now disabled sac, having no support and great capabilities of distention? Nature might as easily pump bile from the bottom of a well as from a reservoir placed in so dislocated and unfavorable a position. What is to become of the small, more numerous, and most dangerous calculi that have not emerged from behind the liver? Are they also to be dragged out and cut for?

We hear of two or three of these operations in Germany, one in Paris, and one the other day in Ohio. Results not given. They are called heroic, the exact meaning of which latter word, thus applied, has never been clearly defined. Does it refer to the operator or operatee? Is it meant by implication to signify that the operator is a hero because he has performed a heroic act, or that the patient is heroic in submitting himself trustingly to a painful, dangerous, or fatal operation? If it has reference to the former, there must be a great many heroes in the world; if to the latter, very few. We do not like to be disappointing to those who are fond of heroic resorts and methods, but it is evident that this operation for gall-stone, by whatever name it may be called, was initiated without due reflection or inquiry into the knowledge on the subject. If any one contemplates an operation for gall-stone, let him first try the more quiet and less obtrusive method of dissolving it as here described, and depend on it there will be no necessity for a resort to the knife. With the present knowledge of the subject, it is a blot on modern surgery that a degrading necessity should have arisen to discuss an operation which must always carry in its wake death, or at best hopeless disability. The operation for gall-stone is indefensible, and let us hope that we may hear nothing more of it.

Several mineral waters, notably Carlsbad, having a reputation for the *cure* of gall-stones are for this object utterly valueless. I saw and

treated Mr. Von H. for cholesterine in his gall-bladder just after his return from a prolonged residence at and use of the waters of Carlsbad. Nothing less than a solvent can reach gall-stone, and these waters have no solvent properties of the kind required. According to my observation, chole-lithiasis is found four times in women where it occurs once in the opposite sex, so that gynæcologists have a fair field for trial of the proposed solvents before resorting to an expedient so hopelessly perilous as the knife.

RECENT PROGRESS IN SYPHILOLOGY.

BY EDWARD WIGGLESWORTH, M. D.

Nature of Syphilis; its Inoculation upon Beasts. — At a recent meeting of German naturalists and physicians at Cassel, Professor Klebs alluded [1] to a course of experiments tending to prove that the essential poison of syphilis was a fungus. Until the world is sufficiently syphilized to appreciate its danger, and to employ, in self-defense, criminals condemned to death for purposes of inoculation with syphilis, truth can hardly be attained. In the mean time Klebs has inoculated during the last three years many beasts, but arrived at definite results only in the case of apes, upon which the pathological manifestations are the same as upon man. Hunterian indurations or primary ulcerations were excised while recent. The microscope always showed, in the tissue fluids of these, more or fewer round cells and numerous slowly moving rods from two to five mm. in length. These last were planted upon gelatinous tissues, and developed in a few days into a fungous ring surrounding the piece of tissue employed, and formed of little rods at first briskly moving, then drawing themselves together into little balls, oval in form and composed of a net-work of the interwoven rods.

July 8, 1875, some of this fungus was subcutaneously injected into a healthy ape. By the middle of August circumscribed swellings upon the gums and tongue appeared and soon turned to foul sores, which as to their yellowish floors, sharply cut borders, and indurated circumfusa coincided with syphilitic ulcers. Precisely these appearances were fortuitously present at the same time in a case of hereditary syphilis in Professor Klebs's private practice. The syphilitic nature of the sores upon the ape was recognized by the celebrated syphilologist Pick, of Prague. September 1st the ape was poisoned, and showed at the autopsy and upon microscopical examination various abnormalities according with the syphilomata found in man.

December 29, 1877, a healthy ape was inoculated with portions of a freshly excised Hunterian induration. No chancre. Lymphadenitis in the neighborhood. In exactly six weeks fever, and in a few days

[1] Allg. med. Central-Zeitung, November 16, 1878.

papules on the face, head, and neck. The ape died May 17th, having grown gradually more and more feeble. The autopsy showed various syphilitic alterations of the skull and internal organs. The blood of this latter ape developed under cultivation, in a few days, fungi resembling closely those employed in the inoculation of the former one.

Klebs calls these little rods or filaments helico-monads, as belonging to monads in family, and on account of the spiral formation of the rods in mass, but will gladly accept any more rational appellation on the part of botanists. In February, 1879, Professor Klebs, in a leading article of sixty pages,[1] treats more fully of this subject, and a confirmatory paper by Professor Pick is appended. He concludes that at times, under certain circumstances, syphilitic indurations are not infectious, that is, have ceased to be so, that the different stages of growth of the fungus possess different grades of inoculability, that excised portions of syphilitic indurations become more infectious by being preserved for a few days in glass rods before being inoculated; finally, that (1) by inoculation of excised pieces of syphilitic induration taken from human beings the disease can be communicated to beasts, in whom, however, the course of the disease is, as to its manifestations, a varying one; (2) that in human syphilitic new formations there are found certain vegetable organisms of a low grade, which, when cultivated outside the body, produce well-characterized, peculiar forms, — helico-monads; (3) that inoculation of these last upon suitable beasts causes manifestations coinciding in nature with those of genuine syphilis upon human beings and with those of inoculation syphilis upon beasts. Professor Pick adds that the initial sclerosis was excised in cases (1) where it was the only symptom; (2) where the neighboring lymphatics were affected; (3) where general symptoms were present. In the first series some patients showed subsequently no general symptoms, or only after a very protracted period of incubation (agrees with observations of Professor Auspitz); in the second series general syphilis always followed; and in the third series the disease progressed normally, new induration usually, though not always, appearing at the site of excision, which rarely happened in cases belonging to the first series, and never unless general manifestations followed. Absence of tissue sclerosis at the point of excision does not necessarily exclude the possibility of subsequent general symptoms. The fungus, the animals, and the pathological specimens from them are well shown in plates, colored and plain.

Chancre of Tonsils; Rare Syphilodermata as Sequelæ. — A young man aged thirty-two years, and always healthy, presented himself[2] at Hardy's clinic, Hôpital de la Charité, for treatment. Six weeks previously he had had an intensely sore throat, with dysphagia and hawking,

[1] Arch. f. experiment. Path. und Pharm., February, 1879.

[2] Gazette des Hôpitaux, September 10, 1878, No. 105.

soon followed by a cough and swelling of the right jaw, both obstinate. At present, laryngo-tracheitis and alteration of voice. Body covered with a brownish-red eruption, partly macular, partly vesicular, and partly papular, the papules having a red areola, and resembling the eruption of variola. No itching or smarting. Small lenticular patches, flattened or crowned by little pustules, either whole or crusted, were scattered among acuminated vesicles distended by serum. On the side of the neck was a clearly defined characteristic ganglionic enlargement, while the inguinal glands were unaffected. On the prepuce were plaques muqueuses, but no initial lesion. Nothing upon the lips; but in the throat, upon the right tonsil, was a small cleft, ulcerated, with a grayish base and an areola of a lively red color, — an infecting chancre. Chancres of the throat are often due to catheterization of the Eustachian tube with unclean instruments. Forty patients were thus inoculated with syphilis by a single physician in Paris some ten years ago. Or, the mouth being brought in contact by any means with an ulceration or mucous patch, the virus may be carried to the tonsils by the saliva. In cauterizing the throat of a syphilitic patient, recently, a drop of saliva coughed into the eye of the physician, who foolishly stood in front of his patient, gave rise to chancre of the inner canthus, followed by constitutional symptoms.

Abortive Treatment of Syphilis. — Weisflog[1] considers the lymphatic system the path through the body of the syphilitic poison when once inoculated; that a certain time is required before the local infection can become general; that during this period, by the use of proper means and methods, the disease may be aborted. There is this difficulty in the way: that it is proved therapeutically that the internal administration of those remedies which act best against the general disease when developed are powerless to prevent such development. Broca incised the affected lymphatic glands, and by the injection of tincture of iodine induced inflammation, having observed that syphilis rarely followed suppuration of the glands of the groin, and thinking to imitate nature. Weisflog, while admitting the falsity of the method, still holds on to the idea, and considers that Broca waited too long, and that the spread of the poison should be prevented before it attains the various ramifications of the lymph system. He calls to mind his own statement,[2] that "a watery solution of acid nitrate of mercury subcutaneously injected occasions, without exception, abscesses upon parts already inflamed, but upon healthy parts none at all." For five years, and in thirty-two cases of undoubted indurated or mixed chancres, the writer has injected subcutaneously this solution between the genitals and the inguinal glands, in addition to the local treatment. In fourteen of these

[1] Virchow's Archiv, lxix. p. 143, 1877.
[2] Virchow's Archiv, lxvi. p. 311.

cases abscesses occurred on both sides, in six cases upon one side only. Where the lymphatics were not inflamed there was no formation of an abscess, and *never general constitutional infection*, provided only that the injection was repeated every ten to twelve days until the local source of the infection was not only healed over, but had also lost every sign of induration. Where, on account of preëxisting inflammation, abscess formation occurred, there followed also *no syphilis*. Of the writer's thirty-two cases he has ascertained the subsequent history of twenty-eight persons, all of whom, as well as their descendants, remained free from syphilis.

Mercury develops its highest powers as an antisyphilitic agent when brought into direct contact with the chancre poison in the tissues affected, that is, when the channels of this poison into the system are impregnated with mercury. The possibility of infection may even at times be removed by the local destruction of the chancre by means of mercurial preparations applied before the poison has spread beyond the induration into the neighboring lymph channels. The writer demands that this method shall receive a trial.

When to begin Constitutional Treatment for Syphilis. — Sigmund asserts [1] that the most suitable time to begin constitutional treatment is in the second period of the development of syphilis; but even then only when various systems or organs appear affected by the virus, or one of these very severely so, or the general nutrition and energy of the body have been seriously impaired. Otherwise, local remedies will suffice. Initial manifestations belonging to the first period are, according to Sigmund's experience, uninfluenced in their course by general antisyphilitic treatment, or this course is actually prolonged by the debility produced by medicines. Under local applications alone there occurred, in forty per cent. of cases thus treated, only very light secondary symptoms, observable solely by the patient; and in not a small number the secondary manifestations vanished speedily and entirely with merely local treatment. Moreover, experience shows that general medication begun at a late date is followed by more speedy and complete results than when inaugurated early in the course of the disease. As in all his writings and lectures, the author lays great stress upon the value of hygiene and diet, and the simultaneous attention to any other complicating constitutional malady.

Syphilis among Merchant Seamen. — Dr. R. A. Caldwell, surgeon Cunard royal mail steamship Russia, writes [2] that no greater boon could be conferred upon the sea-going population than the adoption of the "Contagious Diseases Acts" in Liverpool and other great sea-ports. Scarcely one sailor in ten escapes venereal disease, which is a prom-

[1] Wien. med. Wochenschr., No. 10, 1879.

[2] Medical Times and Gazette, May 25, 1878.

inent cause of "invaliding." The surgeons of the American navy support the sanitary value of the regulation of prostitution. They report that in certain sea-ports where stringent laws are enforced a two-months' stay was not followed by a single case of syphilis among the ship's company, whilst in ports where prostitution was unregulated the records were very different. Venereal dispensaries should be attached to sailors' homes, thus preventing seamen from falling victims to quacks. Compulsory medical examination of all men before signing articles is, however, the true principle. The modern sailor is not the man one reads about, and when he knows that physical soundness is an imperative condition to his obtaining a berth he will not so recklessly expose himself. Compel also the prostitute to sell her wares unadulterated, and the worst features of these diseases are practically extinguished. The voluntary plan is of little value. The "acts" have been proved of great benefit to garrison towns, and will be of even more to the frequenters of sea-ports, for the evils of prostitution are more severe in the case of sailors, often at sea for months without medical aid. As Mr. Acton says,[1] "The nation's weakness can be assisted only by the nation's strength."

Circumscribed Sarcocele (*Gumma Testis*). — The sarcocele of the French school may be a thickening of the tunica albuginea, with the formation of new fibrous tissue between the seminiferous tubules, which gradually causes the absorption of these last and takes their place. This is the sclerous sarcocele of Fournier, the interstitial orchitis of Cornil and Ranvier, the diffuse orchitis of Lancereaux, or the syphilitic albuginitis of Ricord. It is the most common manifestation of syphilis in the testicle, and causes atrophy of this organ unless arrested by treatment. The other form is the gumma proper, a plastic product accompanied by thickening of the tunica albuginea and hyperplasia of the fibrous septa. The gumma may be circumscribed and of the size of a nut, or may infiltrate the testicular tissue spreading along the septa. M. Reynier reports[2] two cases of the first variety, and refers to two others, one by West,[3] the other by Huber.[4] He makes a distinction between superficial gummata, suppurating speedily, causing ulceration, and yielding to treatment, so that the intact seminiferous substance may regain its functions, and deep gummata, generally parenchymatous, rarely suppurating, of slow progress, possibly causing fungous masses when opening exteriorly, and yielding to treatment after the testicle has been reduced to a shell and its functions destroyed. Fungoid formation does not necessarily follow suppuration.

[1] Prostitution, second edition, pages 8 and 9.
[2] Archives générales de Médecine, April, 1879, page 385.
[3] Dublin Quarterly J. of Med. Sci., November, 1859.
[4] Deutsches Archiv f. klin. Med., 1869.

Syphilis of the Testicles in Young Children. — Henoch reports [1] seven cases of disease of the testicles accompanying infantile syphilis, these being enlarged, hard and unelastic, and frequently nodulated. The children were from three months to two and one half years of age, and the diseased condition usually improved under the use of mercury. In the case of one child, aged two and one half years, the general appearances had vanished after thirty inunctions of one gram each of mercurial ointment. The swelling of the testicles did not disappear, and the child dying three months later of measles with diarrhœa, the autopsy showed both testicles still very large and indurated. Microscopical examination proved extensive interstitial hypertrophy of the connective tissue, most strongly developed in the corpus Highmori. No gummata were found. This case, like the third case of Désprès, goes to prove that when fibroid new formation is already present as the result of inflammation no diminution of the size of the testicle need be expected to result from the use of mercury. The process in question represents an interstitial orchitis and epididymitis, and may be classified with the similar condition, occurring in cases of hereditary syphilis, in the liver and in the cortical substance of the kidneys.

Syphilis contracted in Old Age. — Contrary to the general belief, Sigmund regards [2] syphilis acquired late in life as of special mildness. He has made one hundred and eighteen observations of such cases in men of over fifty-five, and in women of over forty-five, years of age. The period of incubation is longer than in young people, three to six weeks being required for the sclerosis of the initial lesion and the corresponding adenitis. The characteristic manifestations of ulterior stages were also delayed as to their appearance to a period much later than is common in the syphilis of young life. Early secondary eruptions were usually slight and superficial, tubercular or deep exudative formations being rare. They appeared also without fever, and though often with vertigo, insomnia, and cephalalgia, never with an epileptic attack. Generally, he thinks, the hair and the nails did not seem influenced by the disease. There was no caries of the nasal bones, of the jaw, or of the laryngeal cartilages. People already enfeebled sometimes showed profound disturbances of nutrition, and three cases were of grave prognosis. In forty per cent. after adenitis and roseola no further symptom was developed. It was only where severe symptoms appeared that anti-syphilitic medication properly so called, was used. Otherwise Sigmund made hygiene the basis of his treatment of these cases. In about half the cases local applications alone were employed, in the other half mercurials internally and externally. Twenty-one patients showed general amelioration without perfect cure.[3]

[1] Deutsche Ztch. für prakt. Med., 11, 1877. Schmidt's Jahrb., Bd. 178, No. 4.
[2] Wien. med. Wochenschr., Nos. 21, 22, 27, 31, 1878. Schmidt's Jahrb., 1879, page 139.
[3] Arch. gén. de Méd., April, 1879.

Influence of Syphilis upon the Course of Wounds. — Dudterhoff summarizes [1] the results of the experience derived from the recent wars in Europe as to the action of the syphilitic poison upon wounds received by its possessor, thus: (1.) Superficial contusions or continuous irritation of the wounds can, during the contagious period of syphilis, cause the appearance of syphilitic efflorescence at these points of irritation without, however, influencing the healing of the wound. (2.) Wounds received close to or touching the primary induration may yet heal *per primam*. (3.) Latency of syphilis is favored by the increased activity of tissue metamorphosis during the healing of severe wounds, but as cicatrization becomes complete the syphilis may appear at the point of injury or elsewhere. (4.) Old syphilis, if latent, does not interfere with union by first intention after surgical operations; if present, the poison acts unfavorably. (5.) Bone syphilis predisposes to fractures and militates against consolidation. (6.) Inveterate syphilis, with diseased bone and general exhaustion, may cause wounds to assume a definite form of gangrene yielding to specific treatment. (7.) Constitutional syphilis has no connection with pyæmia, nor is it proved to predispose to bleeding of wounds.

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

C. W. SWAN, M. D., SECRETARY.

March 9, 1878. *Pad for Umbilical Hernia in Infants.* — Dr. Hosmer exhibited a pad for the umbilical hernia of the young infant, which he had devised for his own patients and had found to answer the purpose. It consists of a button made of any required size by winding thread in all directions over a lock of cotton-wool. This button is so soft that it can produce no irritation, so light that it cannot be displaced by its own weight, yet sufficiently firm to furnish all the pressure and support that are necessary. It is to be applied as follows: With the infant lying upon the back, see that the hernia is reduced, and then place the button in the umbilical depression, and lay over it a bit of thin muslin three inches square, the centre of which shall be directly over the hernia. With the tip of the finger, outside the muslin, press gently upon the pad which has been already placed, and then with collodion make fast the square of muslin to the abdominal wall. This will be done more easily if a layer of collodion be first applied to the skin which is to be covered by the muslin. As the latter becomes detached here and there upon its edge, it may for a time be replaced and repaired by the use of collodion, but must eventually be removed.

May 11, 1878. *Fibrous Tumor of the Uterus healed by Electrolysis.* — Dr. Bixby read the case, and exhibited the electrodes which he had devised for the performance of electrolysis. — Dr. Lyman inquired of Dr. Bixby what he

[1] Wien. med. Wochenschrift, December 21, 1878.

considered the chances for this tumor. — Dr. Bixby replied that our experience of treating uterine fibroids by electrolysis had been so limited that we hardly know what to expect. — Dr. Chadwick said that the dangers attendant upon the electrolytic treatment of uterine fibroids should not be overlooked. He had resorted to this method in but one case. A very fat negress had a sub-peritoneal fibroid as large as a small cocoa-nut in close apposition to the abdominal wall, which was the cause of great pain and exhausting hæmorrhages. Every attempt to relieve the symptoms or to remove the tumor per vaginam having failed, he had inserted two small electrodes into the tumor through the abdominal walls, through which an electrolytic current was passed for ten minutes from a battery under the supervision of Dr. D. F. Lincoln. Three hours after, acute peritonitis of alarming nature set in, and persisted for many days. The patient ultimately recovered. It was fair to state that a subsequent examination of the needles had suggested that perhaps they were not protected so near to the points as to make it certain that the electrolysis had not affected tissues external to the tumor. The treatment produced no appreciable effect upon the tumor or the symptoms. From what Dr. Chadwick had read of the few favorable, many negative, and occasional harmful effects produced by other practitioners with this method of treatment, he was far from satisfied that the electrolytic current had anything to do with the results obtained. All who had had occasion to treat many fibroid tumors, had probably met with cases in which the tumors had disappeared after one or another method of treatment, apparently inadequate to attain this end. In illustration of this point he could adduce a case which he had seen that week. A woman had been under his supervision for two years, whose tumor had ultimately taken on so rapid growth as to rise from midway between the navel and pubes to the navel in the course of three months. He had consequently dilated the cervix four months ago to see if the growth could be reached, but without success. A few days since he had been surprised to learn that the hæmorrhages had not recurred, and on examination to find that the tumor was only one half its former size. The change could only be attributed to the dilatation of the cervix with a sponge tent. In another case, Dr. Chadwick had seen marked diminution in the volume of a fibroid from dilatation of the cervix and incision of the capsule without the discharge of any pieces of the growth. A few months ago he had seen a woman, in consultation with Dr. E. M. Buckingham, who had an interstitial fibroid completely filling the pelvis, in which he had recommended the use of ergot. The administration of fifteen drops of the fluid extract three times a day had been followed by the discharge of many shreds of tissue and several large pieces of the tumor. The mass finally all came away. He had been told by Dr. Kimball that the latter had repeatedly seen growths disappear after the insertion of a trocar in the expectation of evacuating fluid. In view of all these facts, it seemed evident that under certain unknown conditions fibroids would undergo retrograde changes in consequence of various comparatively insignificant procedures, which might be supposed to interfere with their structural integrity or disturb their nutrition. This being admitted, it was not unlikely that the occasional absorption of these tumors, after electrolysis, was in reality due to the insertion of the needles alone, and that the battery exerted no influence what-

soever. Electrolysis seemed to Dr. Chadwick to be the *ignis fatuus* of the present age, which was luring on many rash investigators in the vain hope that by it many forms of tumor, and even cancers, might be eradicated without the resort to dangerous surgical procedures. Its utter failure to effect the cure of ovarian tumors, as recently claimed with a great flourish of trumpets by Dr. Semeleder, and of cancers by Dr. Neftel, is sufficiently evident. With reference to the so-called electrolytic treatment of fibroids by Dr. Cutter, it should be known that his battery is universally admitted by electro-therapeutists to be so constructed as to produce no appreciable electrolytic action. So that if any electric current is transmitted by him, it is certainly not electrolytic, but more probably caustic. In corroboration of these statements appeal was made to Dr. Webber, who was present. Dr. Chadwick did not wish to be understood as throwing the least doubt upon the result recorded by Dr. Bixby, but as merely seeking to recognize the true factors. — Dr. Webber stated that he was present at one of Dr. Cutter's operations with his one-cell battery, and immediately afterward tested the instrument with a galvanometer. There was no action on the galvanometer through water, even when the needles were so near together as almost to touch, but as soon as the needles touched each other under water the galvanometer instantly acted, — showing that the battery did not produce electricity of sufficient intensity to act through even a thin layer of water, though it produced enough in quantity to heat a short platinum wire.

June 8, 1878. *Two Cases of Labor, the Face presenting to the Pubes.* — Dr. C. E. Stedman reported the case of a multipara, thirty years of age, whose two labors had been normal, to whom he was called in consultation. When he arrived she was cyanosed, moribund. She had had pains thirty-six hours; after considerable delay in the first stage, she finally got into hard labor, and while she was taking ether had seemed asphyxiated. The forceps, which had been already used, were reapplied, and finally, by making traction as nearly as possible at right angles to the spine, succeeded in dislodging the head, which lay with the face to the pubes, and the delivery was accomplished. There was little hæmorrhage. The woman died shortly after delivery. From a description of the case given to him by the attending physician, Dr. Stedman was strongly reminded of the kind of uterine contraction described by Dr. Hosmer in his paper lately read before the society. The bridge of the child's nose fitted closely to the mother's os pubis. The second case was that of a short and stout primipara, aged thirty-nine. The first stage began with escape of the waters, and was tedious, lasting two or three days. Finally, the long forceps were put on, and traction was made as nearly as possible directly backwards, and a dead child delivered. The face looked towards the mother's pubes, and the brim firmly embraced the fœtal head behind its neck and across the anterior fontanelle. The mother did well. Both cases were adapted to a Tarnier's apparatus, or a forceps with perineal curve. — Dr. Minot remarked that every physician had seen cases of tedious labor in occipito-posterior presentations, in which the uterus acts at a disadvantage in consequence of the spinal column of the child lying in the hollow of the sacrum, so that pressure in the direction of its axis increases the flexion of the chin on the sternum.

The forehead being engaged beneath the pubes, not only the head, but also the shoulders, must take part in the rotation before the face can be liberated. Here accuracy of diagnosis is of great importance; if the occiput be erroneously supposed to be anterior (as had happened to him more than once) the delay is unaccountable, but if the true position be ascertained delivery can often be effected in a few minutes by means of the forceps, where nature unaided would require hours for the accomplishment of her task. The instruments should be employed simply to rotate the head without using any tractile force. He had found Davis's forceps extremely convenient for this purpose.

VETERINARY MEDICINE.

THE necessity for the establishment of "a national code of veterinary sanitary police laws, with execution of the same, and one national institute for the study and development of comparative and experimental pathology, and for the education of scientifically qualified veterinarians," is well and thoroughly set forth in an excellent and timely essay recently read before the New England Agricultural Society by F. S. Billings, M. V., of Boston, who claims to be the first American graduate of the Royal Veterinary Institute of Berlin.

After a most interesting historical sketch of veterinary medicine, with profuse reference to its literature, Dr. Billings gave the history of the foundation of veterinary schools, the first being established in France in 1762 by Claude Bourgelot, who was aided by the support of the French government. Between 1762 and 1835 twenty-two other schools were founded in various European countries. They were all government schools, and hence were scientific and successful. The interest and support which they received from the several ruling powers are shown by Dr. Billings's supposition that not one of them covers its expenses. The Berlin school exceeds its income by eight thousand to ten thousand dollars yearly, the deficit being made good from the public treasury.

"These schools are so established," says Dr. Billings, "the teachers so carefully selected, and their present and future welfare so well cared for (for they are moderately paid during active life, and pensioned when the period of decay has come on) that they can give their entire energies to the proper instruction of students and to scientific research. This grand result cannot be obtained by private or unregulated schools. In proof of which you may study the history of the schools of Britain. In Britain we have directly the opposite conditions. Here we find the government strangely blind to the interests and welfare of its people. America, the child, nobly follows the ignoble example of the mother. Britain has allowed her noted and valuable herds to become repeatedly decimated by pests, without taking a single step to educate properly qualified men toward their protection. Here we find no state responsibility, no state regulation of the standard of education at the schools, thereby guaranteeing to the people properly educated practitioners. We find little above scholastic empiricism. We find no critical selection of teachers, no contribution to the support, no support of scientific research, by means of which the checking of animal pests can be hoped for."

The first and only school in the United States was established sixteen years ago in New York city by Alexander Liantard, a Frenchman. This is a private school, and lacks public appreciation.

Dr. Billings expresses mortification that no reliable statistics are to be found with reference to the devastation and extension of the contagious and infectious diseases of animals in the United States. He then mentions some of these diseases, — pleuro-pneumonia, glanders, trichiniasis, rabies, foot and mouth disease of ruminants, blackquarter. Lung plague, he says, has cost the country hundreds of millions of dollars. "Immediate slaughter and redemption by the government is our only recourse." Massachusetts makes an honorable exception to the incapacity of our state governments and Great Britain in the care given to prevent the spread of cattle diseases. But there are no authorized inspectors. "Nowhere in the broad expanse of this country is there a properly funded and regulated institution, properly supplied with critical teachers capable of educating men suitable to this necessary work, and capable themselves of carrying on those researches into the generative causes of these diseases, by which alone their ravages may be checked or their extinction hoped for."

Our agricultural fairs, which bring together the finest specimens of cattle and horses, and likewise our markets, are always liable to become sources for the spread of contagious diseases, because no inspectors protect the sound animals from association with those which are diseased, but which have an unchallenged right of entry. And not only are the healthy animals exposed to contagion, but human beings as well, for, says Virchow, "man is much more susceptible to infection from diseased animals than the latter from man."

"In Germany, the minister of agriculture acts as head of veterinary police, but is counseled by a special deputation composed of leading veterinarians and medical men, among them Professor Virchow." Dr. Billings earnestly urges the necessity of a similar provision for the United States. He would have Congress or the president appoint a commission of "*honest men*" selected from the leading stock-raisers. They should nominate three veterinarians of experience and two able lawyers, whose duty it should be to draft a code of national police laws and regulations in strict accord with the best scientific research. These laws should be accepted by Congress and ratified by state legislatures. From the three veterinarians one should be chosen as veterinary inspector-general of the United States. He should hold his position until sixty years of age, unless previously incapacitated by illness. On retirement he should receive a life annuity, two thirds of which should be continued to his widow during her life, and a proportionate amount to his children until they reached eighteen years of age. Each State should appoint its veterinary inspector-general, to be selected by open competition before the State Board of Health, the terms of office to be selected by those already named. There should also be local inspectors. States should make annual reports from quarterly returns, in connection with those of state boards of health. This plan interferes in no way with state or individual rights in the best sense. It seeks to protect the animal property of every man as if he were the government itself.

Finally, there should be a national institute for the study of comparative

pathology, for researches into causes of contagious, infectious, and other animal diseases, the relation of animal diseases to human health, and the education of scientifically qualified veterinarians.

These few suggestions from Dr. Billings's essay essentially cover the ground which he has so manfully taken. They are needed, and should receive earnest heed. To-day we have no protection against the ravages of animal diseases. Such a safeguard as animal quarantine, or careful inspection of animals at markets and fairs by men thoroughly educated in a scientific school, would create benefits to the country at large whose value will suggest itself. We hope Dr. Billings's wise advice and pregnant revelations have fallen upon fallow ground.

MEDICAL NOTES.

— The next semi-annual competitive examination of candidates for the position of house-officers at the Boston City Hospital will take place at a time earlier than heretofore, probably about the middle of November. Due notice will be posted in the usual places, and also will appear in this journal.

— We are glad to state that the lyric entitled "Insomnia" in a recent number of the JOURNAL, combined with other measures, accomplished the purpose of its versatile author, who informs us that the "whistle is now dry," on the New York and New England and the Eastern railroads, greatly to the relief of the suburban sufferers.

— At the recent international congress at Amsterdam, during one of the entertainments, according to a French paper, two interesting *tableaux vivants* were produced. The first was a parody on the great picture which ornaments the lecture room of the Ecole de Médecine in Paris, — Ambrose Paré rejecting the cautery for the ligature. In the place of Paré the form of Lister appeared; the stone block supporting the thigh was replaced by an antiseptic dressing, and in place of the iron an assistant handed a steam atomizer to the surgeon. Mr. Lister, who was present, rose in response to the applause elicited. The second was a reproduction of Rembrandt's Leçon d'Anatomie, but surrounding the subject were a group of pretty young ladies listening to the demonstration of an aged anatomist in petticoats.

PROVIDENCE.

— Scarlet fever has prevailed in Providence and vicinity to an alarming extent during the fall. The September report of Dr. E. M. Snow, the city registrar, shows that out of a total mortality of one hundred and thirty-four during the month, nineteen deaths occurred from this disease, exceeding the number from any other cause except consumption. Dr. Snow regards scarlet fever as one of the "filth diseases," and remarks in his report that, as a rule, people need not look beyond their own houses and door-yards for the causes of this as well as many other forms of disease.

— At the annual meeting of the American Academy of Medicine, held in New York last month, Dr. E. M. Snow and Dr. E. T. Caswell, of this city, were elected to membership. The next annual meeting of the Academy, which

will occur in September, 1880, and continue two or three days, is to be held in Providence.

— Dr. Samuel S. Drury, one of the most esteemed physicians of Bristol County, and a member of the Rhode Island Medical Society, died at his home in Bristol on the 9th inst. The deceased was a native of Bristol, and resided there during his whole life. He was noted for his sound judgment and his conscientious discharge of professional duties. He was highly respected in the community in which he lived, and warmly attached to his family. He leaves a widow and six children.

NEW YORK.

— A sad accident has cut short in its prime the career of one who was much esteemed both by the profession and the community at large, Dr. Eugene Peugnet, of Fordham. On the 10th of October, after making a professional call at East Mount Vernon, he was waiting at West Mount Vernon for a train to take him home, when another train, which he did not notice, struck him and ran over him. His feet and ankles were completely crushed, as all the cars passed over them. After the accident he behaved with remarkable coolness, giving himself a hypodermic injection of morphia, and also directions as to what should be done until the arrival of the surgeons, who amputated his legs. Death ensued early on the following morning, and the funeral services, which were very largely attended, were held at the church of St. Vincent de Paul, New York, on the 13th.

Dr. Peugnet came from a family of soldiers who served under the first Napoleon, and many years ago his father, Hyacinthe Peugnet, established a school for boys in Bank Street, New York, which became quite famous. He was born (in 1837) and studied in this country, but afterwards completed his medical education in Europe. For a number of years after his return he resided in New York city, but subsequently removed to Fordham, on the Harlem railroad, where he acquired a very large practice. He was universally beloved and respected, and his name soon became a household word throughout West Chester County. In the profession he was especially distinguished as an original investigator of therapeutical science.

— On the 13th the corner-stone of the new St. Mary's Hospital for Women, in connection with which there is to be an asylum for foundlings, was laid in Brooklyn, by Bishop Lynch, of the Roman Catholic Church, in the presence of fifteen or twenty thousand people. The buildings will be one hundred and fifty-seven feet long by two hundred and twenty-nine deep, and will thus occupy the greater part of an entire block. In their construction the aim of the architect is not so much beauty of design and elaborate ornamentation as fitness for the purposes to which they are to be devoted, and hence he has endeavored to avail himself of the best improvements in ventilation, drainage, and other requirements of modern sanitary science. The institution was originally established in 1868 in an ordinary dwelling-house.

— The Society for Improving the Condition of the Poor has just held its thirty-sixth anniversary. It has always done its work systematically, its object being not merely the temporary relief, but the real elevation of the moral and physical condition, of the poor. It originally divided the city into twenty-

two districts, and afterwards subdivided these into sections, each of which is in charge of a visitor. Only such articles of food and clothing are given as are least liable to abuse, and these solely through a visitor, while no money is furnished. Among the requirements insisted upon are, that each beneficiary of the society shall refrain from intoxicating drinks, that young children shall be sent to school, and that those of a suitable age shall be apprenticed. Since its incorporation in 1848 it has been the means of setting in operation a number of excellent charities, such as the Demilt and Northwestern dispensaries, the New York Juvenile Asylum, the Children's Aid Society, the Workingmen's Home, and the Society for the Relief of the Ruptured and Crippled.

— At the last meeting of the Medico-Legal Society the following officers were elected: president, Charles S. Wood, M. D.; vice-president, Daniel S. Riddle; recording secretary, George W. Wells, M. D.; assistant recording secretary, H. S. Rockenbaugh; treasurer, William Sheady; librarian, William J. Purcell, M. D.; chemist, Charles A. Doremus, Ph. D.

— Professor Acland, of Oxford, recently addressed the students of the Union Theological Seminary, at the request of Rev. Dr. William Adams, its president, on the relations of science and religion. In the course of his remarks he alluded pleasantly to the strangeness of his position as a Church of England physician speaking in the hall of a Presbyterian seminary. He was appointed to his own chair at Oxford, he said, by Dr. Pusey, who was supposed to think physical science dangerous, and yet who had encouraged him to the utmost in his scientific pursuits. The effect of thirty-five years of the investigation of natural science upon his mind had been to make him impatient at dogmatism, whether religious or scientific, and he was more and more disposed to look on the work and conclusions of others with the largest toleration.

— On the 1st of October a school of practical histology and pathological anatomy was opened by Dr. T. E. Satterthwaite, microscopist to the St. Luke's and pathologist to the Presbyterian hospitals, and Dr. N. H. Porter, curator to the Presbyterian Hospital. In connection with this a course on the normal and pathological anatomy of the eye and ear is to be given by Dr. Abraham Mayer, pathologist to the Manhattan Eye and Ear Hospital.

SURGICAL NOTES.

PHILADELPHIA.

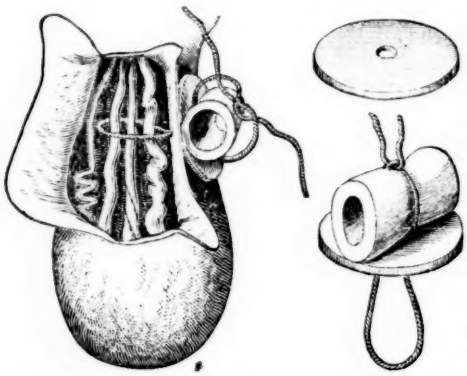
— It is a well-known fact that urethral instruments furnished by different makers will often vary in size in the corresponding numbers. Dr. Charles H. Thomas, of Philadelphia, has offered a simple means of bringing order out of confusion by suggesting the general use by surgeons of what he has termed an adaptable metric gauge.[1] (See cut.) It is a miniature kid-glove measurer, accurately marked in millimetres, and being made of bank-note paper, which will not stretch nor readily tear, it affords a convenient means of at once verifying and correcting the calibre of instruments, according to the French scale. In order to facilitate the introduction of the decimal system, and to furnish

[1] A full description can be found in the Proceedings of the Philadelphia County Medical Society, published in the Philadelphia Medical Series, vol. ix. p. 501.

the profession with a means of correcting and comparing observations, this adaptable metric gauge is recommended, and has been manufactured for distribution by Messrs. J. H. Gemrig and Sons, of Philadelphia, who offer to send them to physicians on application without any charge.

— Dr. R. J. Levis treats hydrocele by the injection into the sac of undiluted carbolic acid, by means of a Pravaz syringe or an ordinary hypodermic needle. Twenty to thirty minims are thrown in after the fluid has been allowed to flow away; the acid is allowed to remain permanently. It is best to introduce the needle into the sac before drawing off the contents in the ordinary way with the trocar and canula, and then to inject the acid. This operation has been performed a number of times, with satisfactory results, both at the Pennsylvania and Jefferson College hospitals; its great advantage over iodine and other injections is that it appears to be perfectly painless, owing to the action of carbolic acid as a local anæsthetic.

— In the operation for varicocele, Dr. Levis has for several years practiced a modification of the ordinary operation of subcutaneous ligation.[1] In order to secure the success of the operation, it has been found necessary to keep the ligature tight, so as quickly to cut through. This is accomplished by tying the ends of the ligature (after passing them through a button) over a piece of *rubber tubing*, as seen in the illustration. In the place of the ordinary bone button, which was adopted by the elder Professor Pancoast, Dr. Levis prefers a metallic shield made of a piece of tin, or, better still, of silver, easily obtained by boring a hole in a quarter of a dollar.



In simple fracture of the clavicle, Professor Gross discards all other dressings in favor of the silicate of soda, one application of which is generally sufficient. It is put on with the muslin roller bandage, an ordinary gauze shirt protecting the patient's skin.

— Professor Gross recently performed his one hundred and fifty-second operation for stone in the bladder by the lateral method. Dr. S. W. Gross has just performed this operation at the Jefferson College Hospital upon his fourth case, with three recoveries.

— Prof. John Ashhurst, at the Hospital of the University of Pennsylvania, a short time since, made a double amputation for railroad crush of the legs, one above the other below the knees. Esmarch's bandage was used, and hot water applied to the flaps to check oozing. The patient, a boy of about fourteen years, recovered.

[1] The application is described in the Philadelphia Medical and Surgical Reporter, vol. xl. p. 382.

THE BRITISH MEDICAL ASSOCIATION.[1]

Mountain Air in Phthisis. — Alcohol in Fever. — Tracheotomy in Croup. — Joint Diseases. — Subcutaneous Osteotomy. — Ophthalmology.

Mr. Editor, — After the presidential and other addresses, one of which I discussed at length in my last letter, the chief interest at the recent meeting of the British Medical Association centred in the discussion, in the various sections, on subjects chosen some time beforehand, and for which many excellent papers had been prepared. Those in the section of medicine were on (1) The Value of Mountain Air in the Treatment of Phthisis, (2) The Value of Alcohol in Fever, and (3) on Tracheotomy in Croup. In the first of these discussions leading parts were taken by Dr. Henry Bennett, who has spent many years in the Riviera, and by Dr. Clifford Allbutt, of Leeds, who has recently become a champion for Davos, a small town in the Grisons, situated at an elevation of five thousand feet. The former contended that the only advantage to be gained from mountain air in phthisis was to be traced to the fact that patients in such places spend much of their time in the open air; and he argued that as there was far better weather on the Mediterranean coast than high up in the mountains, this object was much more likely to be attained in the former than in the latter position. Dr. Clifford Allbutt took quite another view of the question. Considering that phthisical lungs are in many cases nothing else than lungs in a state of ordinary ulceration, he thought that our treatment of such lungs should approach as nearly as possible to that of ulcers elsewhere. We are, however, unable to apply local applications except by inhalation, and we are unable to best fulfill the indication for complete rest. The utmost that we can do is to make the air antiseptic, and this, he thinks, can be achieved only by taking the patient to places situated at a great elevation. He quoted some observations he had made on the putrefaction of organic infusions in different places, asserting that he had ascertained that the atmosphere of the high Alps was aseptic. He consequently traced the improvement which is so often seen in phthisical patients in mountain climates, not to the cold, nor to the rarefaction of the air, but to its antiseptic quality. I think that Dr. Allbutt's observations on organic infusions are not strictly in accord with those made by Professor Tyndall under somewhat similar circumstances, but his suggestion is undoubtedly ingenious and worthy of attention.

The discussion on alcohol was chiefly of interest in emphasizing the immense change which has come over medical practice within the last few years. There was a remarkable consensus of opinion amongst those who took part in the debate, and who came from all parts of the country, and represented various aspects of the temperance question. The conclusions at which they arrived were only such as every one is familiar with at the present day, but it is highly instructive to find that the reaction against the indiscriminate use of alcohol in fever has become so general that no one should be found to uphold the old school at a large general meeting like that at Cork. The alcohol question has been attracting more than usual attention lately, for a few months ago one of the leading lay periodicals, the *Contemporary Review*, opened its pages to a

[1] Concluded from page 565.

discussion on the general question of the utility of alcohol, in which many of our leading physicians and surgeons took part. The essays were of very various merit, but their general tenor was such as to prove how much more guarded are the views taken on this subject by thoughtful members of the profession at the present day than they were twenty years ago. At Cork the therapeutical side of the question alone came forward; in the *Contemporary Review* the moral side was also considered; but both discussions have served to show how great is the revolution in medical opinion, — so great, indeed, that we may hope that in the future it will be impossible to allege that one of the main causes of middle-class intemperance lies in the indiscriminate recommendation of alcohol by the medical profession.

The consideration of the value of tracheotomy in croup could scarcely fail to become somewhat mixed up with the vexed question as to the pathology of croup, and its identity or non-identity with diphtheria. No very fresh conclusions were arrived at, the general tone of the speakers being that the operation should be performed rather earlier than is usually the case.

In the surgical section the chief topics were the diagnosis and treatment of joint diseases in their various stages, and subcutaneous osteotomy. The former subject was opened by a paper from Dr. Sayre, with whose views on joint disease your readers are doubtless familiar. He believes that so-called strumous diseases of joints can be invariably traced to some traumatic action, and that without action of this kind struma alone is powerless to produce joint disease. He also teaches that in the treatment of such cases, though rest is of the utmost importance in certain stages, yet there is a period when motion is quite as strongly indicated, and he bases this belief on the success attending the practice of "bone-setters," who frequently cure joints which have been despaired of by ordinary surgeons. Dr. Hodgen, of St. Louis, endeavored to show that the views of Professor Gross and of Dr. Sayre, the former of whom ignored the local origin, and the latter of whom gave only second rank to the constitutional cause, are not in reality so widely divergent as might at first appear. One cannot but think that Dr. Hodgen's judicial view of the case is much more likely to be the correct one than either of the extreme views advocated by the eminent surgeons whom he tries to reconcile. On the one hand, it is difficult to imagine that the joints of strumous people, which are obviously very prone to disease, shall not be more liable to become diseased from slight traumatic causes than those of healthy subjects, and consequently that many cases of strumous joint disease will have taken their origin from some accidental cause. On the other hand, it is notorious that strumous people are especially prone to low forms of inflammation in various situations, and it has never yet been contended that such inflammations are invariably traumatic. But if idiopathic inflammations may take place in one part, why not in another? If they may take place in the subcutaneous tissues or lymphatic glands, why not in joints? From its very nature this is one of the questions that are almost impossible to prove, but here as elsewhere in medicine the probabilities are very much against the exclusive action of only one class of causes in the production of a wide-spread morbid condition in parts which are certainly exposed to the action of a variety of causes.

The discussion on subcutaneous osteotomy was particularly apropos at the

present time, when this operation is being performed on so large a scale for the relief of a variety of diseases which have till recently resisted almost all methods of treatment. During the last three years it has been largely used for the cure of genu valgum and of the more severe forms of rickety deformity. The subject was opened by a paper from Mr. William Adams, who was followed by Dr. MacEwen, of Glasgow, and by Mr. Parker, of the East London Children's Hospital. Mr. Parker had operated on a large number of cases without a single fatal result, only one operation being attended by suppuration, and nearly all the cases were followed by marked success. Mr. Jones, of Manchester, read notes of a dozen cases of osteotomy, in all of which recovery had taken place, with more or less success in the removal of the deformity. Several speakers, including Mr. Adams, expressed opinions adverse to operating on young children, but their objections were for the most part theoretical, and are not borne out by the results obtained by Messrs. Parker and Jones, whose cases varied from three years old to thirteen years. Mr. Parker had adopted Reeves's modification of Ogston's operation for genu valgum, that is, had aimed at dividing the lower end of the femur without entering the knee-joint. He believed this to be perfectly feasible; for though in none of his cases had he been able, fortunately for his patient, to make an examination, yet in only three or four cases had there been any effusion into the joint.

In the section of ophthalmology there were discussions on tobacco and alcoholic amblyopia, on color-blindness, and on glaucoma. The first of these was opened by Dr. Hirschberg, of Berlin, who verified Förster's statement that the main features of tobacco amaurosis are failure of both eyes alike with nearly central scotoma, and corresponding defect of color perception without any contraction of the visual field, never passing on to complete blindness, and improving or disappearing when tobacco is relinquished. Occasionally these symptoms may be due to alcohol alone, and they are in some few cases met with where neither tobacco nor alcohol have been used.

I must not omit to mention a paper read by Dr. Norris, of Birmingham, followed by a practical demonstration, in which he claimed to have discovered a third corpuscular element in the blood. Dr. Norris attracted attention some years ago by experiments with soap bubbles, showing how one bubble may be made to pass through another without producing any change in shape or solution of continuity in either, and he sought to deduce from these experiments the explanation of the passage of white blood corpuscles through the walls of blood-vessels. The new corpuscular element, according to Dr. Norris, is present in large numbers in the blood, but the corpuscles being of the same refractive index and color as the liquor sanguinis are ordinarily invisible. By a certain method of treatment, however, they can be rendered visible. He believes that they are really chyle corpuscles, and that they represent an early stage in the development of the red corpuscles. Dr. Norris has already demonstrated his method of examination of the blood before the Royal Society, and his statements will doubtless be carefully investigated by competent observers. If they should be borne out on further examination, his discovery will be one of very great interest, and will tend to clear up a point which has long baffled the inquiries of physiologists.

SHORT COMMUNICATIONS.

HYPERTROPHY OF NERVE TISSUE IN AMERICA.

MR. EDITOR, — A recent number of the JOURNAL[1] contained a communication by Dr. Nathan Allen entitled Changes in Medical Practice. In this article the author lays considerable stress upon certain "*changes of organization*,"[2] to which he ascribes the deterioration of health observable among American women. "Within fifty years," he says, "a great change has taken place in the organization of New England women. With *increased nerve tissue* there has been a loss of muscular development and physical strength." Elsewhere he speaks of "the relations which this *increase of nerve tissue* has to other organs;" and again of "the effect which this *predominance of nerve tissue* has upon domestic life and the laws of maternity."

Now, considering how a great a step towards elucidating the nature and causes of the alleged ill health of American women would be accomplished if we could accurately determine the pathology of the morbid conditions prevailing among them, these statements of Dr. Allen's are highly interesting. His communication, however, is very short, and he gives no indication of the pathological *facts* upon which his assertions are based. With a view to eliciting further information on this important subject, I should like to inquire what pathological evidence exists of an increase of nerve tissue in the women of New England of the present day as compared with their predecessors of fifty years ago, or with the women of other countries. ***

SURGEON-GENERAL UNITED STATES NAVY.

PHILIP S. WALES, M. D., medical inspector United States Navy, a native of Maryland, has been appointed chief of the Bureau of Medicine and Surgery of the United States Navy, with the relative rank of commodore, to succeed Chief (Surgeon) J. Winthrop Taylor, placed on the retired list. Dr. Wales is the third son of the late Philip Wales, of Baltimore, and was born in Annapolis. Having attended two courses of lectures at the Medical School, University of Maryland, Dr. Wales graduated in the spring of 1856. He went immediately before a naval examining board in session at Philadelphia, and passed a successful examination. He was commissioned an assistant surgeon in the navy April 17, 1856, and was soon ordered to duty at the Naval Academy, Annapolis. On June 8, 1873, he was promoted to be a medical inspector, and at the time of his new appointment had reached nearly the top of the list of the fifteen medical inspectors in the service. Dr. Wales is the author of several works on subjects pertaining to medicine and surgery, and is regarded in the service as a gentleman of rare attainments and solid learning. He is about forty-three or forty-five years of age, and is of fine presence. — *Maryland Medical Journal.*

BOSTON DISPENSARY.

THE report of this institution for the year ending September 30, 1879, is as follows: The number of new patients treated at the central office is 19,733, classified as follows: —

Medical: men 3763, women 6461, children 3729. Surgical: men 1718, women 877, children 534. Dental: men 391, women 546, children 701. Skin: men 356, women 354, children 245. Diseases of the nervous system: men 23, women 30, children 5.

The number of patients treated in the districts is 14,591, classified as follows: men 2209, women 5592, children 7150. Total number of cases treated at the central office and in the districts, 34,684. Number of patients since October, 1796, 730,116. Number of patients since July, 1856, 611,314. Average daily attendance at the central office during the year, 130.

Surgeons. Thomas Waterman, M. D., Charles E. Inches, M. D., Walter Ela, M. D., Edward H. Bradford, M. D. *Physicians.* Robert Disbrow, M. D., Reginald H. Fitz, M. D.,

[1] The JOURNAL, October 2, 1879, page 472.

[2] The italics are added.

Josiah L. Hale, M. D., William H. Baker, M. D., Joseph P. Oliver, M. D., William C. Holyoke, M. D., George B. Shattuck, M. D., Robert M. Lawrence, M. D., John Dixwell, M. D., James B. Ayer, M. D., John F. Bush, M. D., Francis H. Davenport, M. D., Abner Post, M. D., Thomas M. Rotch, M. D., Maurice H. Richardson, M. D., Arthur T. Cabot, M. D.

Department for diseases of the nervous system: *Physicians.* David F. Lincoln, M. D., Frederick W. Vogel, M. D. Department for diseases of the skin: *Physician.* Francis B. Greenough, M. D. *Dentist.* Albert J. Colgan.

District Physicians. No. 1, George W. Copeland, M. D. No. 2, Claudius M. Jones, M. D. No. 3, Edward L. Parks, M. D. No. 4. Charles M. Green, M. D. No. 5, Charles P. Bancroft, M. D. No. 6, Henry C. Haven, M. D. No. 7, William F. Whitney, M. D. No. 8, Francis H. Williams, M. D. No. 9, Henry W. Broughton, M. D. *Apothecary.* Frank H. Clark. WILLIAM H. H. HASTINGS, M. D., *Superintendent.*

THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

DR. L. BAUER, dean, and Dr. W. B. Hazard, secretary of the faculty, of this school, write to inform us that the fee alluded to in No. 15 is thirty dollars per annum. They take the occasion to say that the course of study extends over three years of nine months each, the arrangement being similar to that employed at Harvard. There is also a preliminary examination.

REPORTED MORTALITY FOR THE WEEK ENDING OCTOBER 11, 1879.

Cities.	Population estimated for July, 1879.	Reported Deaths in each.	Deaths under Five Years.	Percentage of total Deaths from				
				The Principal "Zymotic" Diseases.	Diphtheria and Croup.	Lung Diseases.	Diarrhœal Diseases.	Typhoid Fever.
New York	1,085,000	493	227	23.73	5.48	13.80	10.75	1.42
Philadelphia	901,380	226	58	11.06	3.98	3.10	—	4.42
Brooklyn	564,400	207	90	26.57	13.04	10.63	8.70	.48
Chicago	—	190	—	33.70	16.32	6.32	2.11	5.26
St. Louis	—	102	40	28.43	9.80	2.94	10.78	—
Baltimore	393,796	137	66	26.27	7.30	2.92	4.38	5.84
Boston	360,000	126	60	29.37	3.97	25.40	16.67	2.38
Cincinnati	280,000	97	40	20.62	7.22	7.22	5.15	—
New Orleans	210,000	87	—	18.39	1.15	3.45	5.75	2.29
District of Columbia	170,000	51	17	31.37	9.80	1.96	9.80	7.84
Cleveland	160,000	57	35	33.33	21.05	3.51	3.51	1.76
Pittsburgh	—	53	—	39.62	18.87	7.54	3.77	5.66
Buffalo	—	—	—	—	—	—	—	—
Milwaukee	127,000	37	15	27.03	27.03	13.51	—	—
Providence	101,500	29	12	37.93	6.89	6.89	—	3.45
New Haven	60,000	23	4	26.09	—	—	8.69	8.69
Charleston	57,000	21	14	9.52	4.76	4.76	—	4.76
Nashville	27,000	14	6	21.43	—	7.14	21.43	—
Lowell	53,300	17	—	35.29	11.76	5.88	5.88	11.76
Worcester	52,500	12	5	33.33	—	16.67	8.33	25.00
Cambridge	50,000	12	5	50.00	25.00	—	25.00	—
Fall River	48,500	16	8	18.75	—	—	—	—
Lawrence	38,200	13	7	30.77	23.08	7.69	—	—
Lynn	34,000	11	3	27.27	9.09	—	—	—
Springfield	31,500	14	—	14.29	14.29	7.14	—	—
New Bedford	27,000	16	—	43.75	18.75	6.25	18.75	—
Salem	26,400	11	1	18.18	9.09	—	9.09	—
Somerville	23,350	6	—	33.33	33.33	—	—	—
Chelsea	20,800	4	1	25.00	—	—	—	—
Taunton	20,200	4	1	50.00	25.00	—	—	—
Holyoke	18,200	11	—	45.45	9.09	9.09	18.18	—
Gloucester	17,100	8	6	25.00	12.50	—	—	—
Newton	17,100	7	4	—	—	14.29	—	—
Haverhill	15,300	1	—	—	—	—	—	—
Newburyport	13,500	4	1	—	—	—	—	—
Pittsfield	12,650	1	—	100.00	—	—	—	100.00
Fitchburg	12,500	3	—	66.67	33.33	33.33	—	—
Milford	9,800	2	—	—	—	—	—	—

Two thousand one hundred and twenty-three deaths were reported: principal "zymotic" diseases (small-pox, measles, diphtheria and croup, diarrhœal diseases, whooping-cough, erysipelas, and fevers) 539, consumption 322, diphtheria and croup 189, lung diseases 183, diarrhœal diseases 148, scarlet fever 58, typhoid fever 68, malarial fevers 36, whooping-cough 26, cerebro-spinal meningitis 12, erysipelas six, measles five, trismus nascentium five, pleurisy two, yellow fever (Philadelphia) one, small-pox none. From *scarlet fever*, Chicago 14, Cincinnati seven, Providence six, Baltimore and Boston five, Brooklyn and Pittsburgh four, New York and Cleveland three, Philadelphia and Holyoke two, St. Louis, New Bedford, and Gloucester one. From *malarial fevers*, New York 12, New Orleans seven, Brooklyn and St. Louis three, Chicago, Baltimore, District of Columbia, and New Haven two, Cleveland, Pittsburgh, and Charleston one. From *whooping-cough*, New York nine, Baltimore four, Philadelphia and Boston three, St. Louis and Providence two, New Orleans, Pittsburgh, and Fitchburg one. From *erysipelas*, Brooklyn two, Chicago, St. Louis, Lawrence, and Lynn one. From *measles*, New York four, Chicago one. Diarrhœal diseases and malarial fevers continue to decrease; diphtheria and lung diseases to increase. In the 21 cities and towns of Massachusetts diarrhœal diseases are still declining.

In Philadelphia, Baltimore, and Cleveland the mean temperature was 68.5°, 71.4°, and 66° F.; barometer 30.21, 30.216, and 30.17. In Cleveland, the humidity was 95. The meteorological record for the week in Boston was as follows: —

Date.	Barometer.	Thermometer.			Relative Humidity.				Direction of Wind.			Velocity of Wind.			State of Weather.[1]			Rainfall.	
	Mean.	Mean.	Maximum.	Minimum.	7 A. M.	2 P. M.	9 P. M.	Mean.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.
Oct. 5	30.017	68	81	53	63	23	55	47	SW	SW	W	11	8	6	C	F	C	—	—
" 6	30.330	54	69	52	93	74	74	80	NE	NE	SE	14	15	3	O	O	O	—	—
" 7	30.262	65	74	51	86	51	73	70	W	W	SW	8	14	12	O	C	C	—	—
" 8	30.104	72	88	60	82	42	70	65	W	W	W	13	6	9	F	F	C	—	—
" 9	30.094	66	78	62	79	70	89	79	NW	SE	E	5	4	5	F	O	O	—	—
" 10	30.261	57	69	54	100	94	100	98	NE	E	NE	8	6	8	R	O	G	6.67	.05
" 11	30.337	53	64	50	100	100	86	95	NE	E	S	14	9	1	R	O	O	12.83	.26
Week.	30.295	62	75	55				76	East			1039 miles.						19.5	.31

[1] O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., smoky; R., rain; T., threatening.

The deaths from yellow fever in Memphis for the week ending October 18th were 31, cases 59. There were scattered cases in some of the smaller towns in the Southwest.

For the week ending September 30th, in 149 German cities and towns, with a population estimated at 7,597,336, the death-rate was 26.6 against 25.6 of the previous week. Three thousand eight hundred and eighty-two deaths were reported: diarrhœal diseases 787, consumption 397, diseases of the respiratory organs 228, diphtheria 112, scarlet fever 76, whooping-cough 64, typhoid fever 55, measles 25, puerperal fever 15, small-pox one, typhus fever none. The death-rates ranged from 12.7 in Lübeck to 39.6 in Chemnitz; Munich 34.6; Dresden 30.2; Berlin 30.8; Leipsic, 26.4; Hamburg 25.2; Hanover 18.6; Bremen 15.7; Cologne 23.0; Frankfort 26.8. Also for the same week, Vienna 23.3; Paris 24.0.

For the week ending September 27th, in the 20 English cities and towns, with a population estimated at 7,383,999, the death-rate was 18.8 against 19.4 of the previous week. Two thousand six hundred and sixty-three deaths were reported: diarrhœa 209, diseases of the respiratory organs 189, scarlet fever 144, measles 60, fever 54, whooping-cough 52, diphtheria 16, small-pox (London) two. The death-rates ranged from 13.1 in Oldham to 25.9 in Liverpool; London 17.2; Bristol 16.9; Birmingham 18.4; Manchester 25.8; Leeds 19.7. In Edinburgh 14, Glasgow 16, Dublin 24 (small-pox causing nine deaths). In 26 larger Belgian towns the death-rate was 26.8; in 22 smaller, 23.9, — small-pox, typhoid fever, and diarrhœa prevailing. In 20 prominent Swiss towns, diarrhœa and typhoid fever prevailed. The death-rates were: Brussels 19.8; Antwerp 27.3; Ghent 29.9; Geneva 20.2; Zurich 32.1; Basle 28.0.

GRADUATES OF HARVARD MEDICAL SCHOOL, 1879.

THE following candidates received the degree of doctor of medicine at the annual commencement of Harvard University, Wednesday, June 25, 1879: —

Henry Halsey Battey,
Luther William Bennett,
Albert Franklin Blaisdell, A. M.,
Vincent Yardley Bowditch, A. B.,
Walter Prentice Bowers,
Henry White Broughton, A. B.,
Constant Broyer,
Robert Burns,
Herbert Leslie Burrell,
James Edwin Cleaves, A. B.,
George Lewis Collins, Ph. D.,
Robert Brewer Dixon,
Samuel Magner Donovan,
Thomas Moulton Durell,
James Dwight, A. B.,
Wyllis Gilbert Eaton, A. B.,
George Russell Fessenden, A. B.,
Frederick Fuller, A. B.,
William Whitworth Gannett, A. B.,
Guy Hubbard Gardner,
Charles Whitney Haddock,
David Graham Hall,
Henry Clement Hall,
Richard Cook Borden Hartley,
Henry Cecil Haven, A. B.,
Herbert Dexter Hicks,
Charles Edwin Hill, A. B.,
Francis Edward Hinds,
William Edward Holbrook, A. B.,
Walter Hamlin Holmes, A. B.,
Charles Parker Hooker,
Henry Hun, Ph. B.,
James Edward Keating,
George Frederick Keene, A. B.,
Walter Willis Larrabee,
Charles Eugene Meader,
George Westgate Mills, B. S.,
Samuel Jason Mixter, S. B.,
Francis Henry Mullen,
George Arthur Peavey,
Cyrus Tracey Peckham,
Walter Brewster Platt, Ph. B.,
Lewis Henry Plimpton, A. B.,
John Wheeler Pray,
Morton Henry Prince, A. B.,
James Munroe Randall,
Frank Reader Rix, A. B.,
Elliot Daniel Robbins,
Gorham Davis Rogers,
William Herbert Rollins, D. M. D.,
Edward Josiah Ruddock, A. B.,
William Brewster Sawyer, A. B.,
Francis Patrick Scully,
William Turner Simmons,
Jonathan Jason Smith,
Willis Parsons Spring, A. B.,
Myles Standish, A. M.,
Edwin Flye Stetson,
Gardner Taber Swarts,
William Wilder Townsend, A. B., M. D.,
Edric Allan Wade,
Alfred Walton,
Franklin Cooley Warren,
Lewis Jonathan Warren, A. B.,
Francis Sedgwick Watson, A. B.,
Frederick Ward Webber,
John Brooks Wheeler, A. B.,
Willard Wolcott,
Samuel Edwin Wyman, A. B.,
John Francis Young.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM OCTOBER 11, 1879, TO OCTOBER 17, 1879.

HORTON, S. W., major and surgeon. To proceed from Omaha, Nebr., to Rawlins, Wy. T., and report in person to the department commander. S. O. 91, Department of the Platte, October 11, 1879.

GIBSON, J. R., major and surgeon. At expiration of his present leave of absence to report in person to the commanding general Department of the East for assignment to duty. S. O. 235, A. G. O., October 13, 1879.

BROWN, H. E., captain and assistant surgeon. Leave of absence extended one month. S. O. 111, Division of the Missouri, October 13, 1879.

TAYLOR, M. K., captain and assistant surgeon. To accompany second detachment of the fourth cavalry from Fort Clark to Fort Hays, Kansas, and return to proper station upon completion of this duty. S. O. 211, C. S., Department of Texas.

VICKERY, R. S., captain and assistant surgeon. Assigned to duty at Fort D. A. Russell, Wy. T. S. O. 92, Department of the Platte, October 11, 1879.

Middleton, P., captain and assistant surgeon. Assigned to temporary duty as post surgeon at the post of San Antonio, Texas. S. O. 211, Department of Texas, October 7, 1879.

Kimball, G. P., captain and assistant surgeon. Confirms order of October 1, 1879, directing him to proceed to Rawlins, Wy. T., for duty in the field. S. O. 91, C. S., Department of the Platte.

DeWitt, C., captain and assistant surgeon. Confirms order of October 1, 1879, directing him to proceed to Rawlins, Wy. T., for duty in the field. S. O. 91, C. S., Department of the Platte.

Byrne, Charles B., captain and assistant surgeon. Relieved from duty in Department of Texas, to proceed to New York city, and, on arrival, report by letter to the surgeon-general. S. O. 235, C. S., A. G. O.

Turrill, H. S., first lieutenant and assistant surgeon. Relieved from duty at Fort Columbus, New York harbor, and assigned to duty at Madison Barracks, Sackett's Harbor, N. Y. S. O. 182, Department of the East, October 16, 1879.

Comegys, E. T., first lieutenant and assistant surgeon. Relieved from operation of paragraph 7, S. O. 210, C. S., from these head-quarters. S. O. 211, C. S., Department of Texas.

Kilbourne, H. S., first lieutenant and assistant surgeon. To report in person to commanding general Department of the East for assignment to duty. S. O. 235, C. S., A. G. O.

Moseley, E. B., first lieutenant and assistant surgeon. Having reported in person, relieved from duty at Fort Robinson, Nebr., and to report in person to the department commander at Rawlins, Wy. T. S. O. 89, Department of the Platte, October 6, 1879.

Biart, V., first lieutenant and assistant surgeon. Granted leave of absence for one year on surgeon's certificate of disability, to take effect October 1, 1879, with permission to go beyond sea. S. O. 232, C. S., A. G. O.

Death. — Phillips, H. J., captain and assistant surgeon. Died in New York city on October 10, 1879.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY FOR THE WEEK ENDING OCTOBER 17, 1879.

Passed Assistant Surgeon A. M. Owen detached from the Marine Barracks, Washington, D. C., and ordered to the U. S. S. Ashuelot, per steamer of November 15th.

Surgeon J. H. Kidder ordered to the Marine Barracks, Washington, D. C.

Passed Assistant Surgeon P. Fitzsimmons to be detached from the U. S. S. Ashuelot on reporting of his relief, Dr. Owen, and to the Naval Hospital, Yokohama, Japan.

Passed Assistant Surgeon A. M. Moore detached from the Essex and waiting orders.

Books and Pamphlets Received. — Hygienic and Medical Reports by Medical Officers of the United States Navy. IV. Prepared for publication under the direction of the Surgeon-General of the Navy by Joseph B. Parker, A. M., M. D., Surgeon United States Navy. Washington: Government Printing Office. 1879.

The Feigned Insanity of Troye Dye. By G. L. Simmons, M. D. Harv. (Sacramento Society for Medical Improvement.)

A Clinical Treatise on the Diseases of the Nervous System. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. With a Preface by Professor Charcot. Translated from the Author's Revised and Enlarged Edition by L. Putzel, M. D. Vol. II. (Wood's Library of Standard Medical Authors.) New York: William Wood & Co. 1879.

Annual Announcement of Graded Course of Study in the Medical Department of Yale College, Session of 1879–80.

Yellow Fever a Nautical Disease: Its Origin and Prevention. By John Gamgee. New York: D. Appleton & Co. 1879.

Darwinism: Its Weak and Strong Points. By A. J. Howe, M. D. (Read by title before Cincinnati Society Natural History.)